



# Registration Form

## ADULT or RESPONSIBLE PARTY INFORMATION

(Please fill in the information below-if you are registering more than 2 people, photocopy this form as needed)

\_\_\_\_\_  
Last Name First Name Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number Emergency Number

\_\_\_\_\_  
Email Address

### PARTICIPANT #1 INFORMATION

Current Grade\_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Date of Birth

### PARTICIPANT #2 INFORMATION

Current Grade\_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Date of Birth

### CONSIDER YOURSELF ENROLLED - WE DO NOT SEND CONFIRMATIONS

Participant Name	Program Name	Program Fee

No refunds given after activity begins. Make checks payable to West Boylston Parks and Recreation Department. Mail check and registration to: West Boylston Parks and Recreation Department 140 Worcester St. West Boylston, MA 01583

**Please fill out a waiver for each participant. (one waiver is fine for multiple activities)**



## RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned \_\_\_\_\_, do hereby consent to my participation in voluntary or recreation programs of the Town of West Boylston.

I also agree to forever release the Town of West Boylston, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town of West Boylston from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of West Boylston's voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town of West Boylston's voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary Town activities or recreation programs.

Participant Signature:  
Please print name:

Date: